

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	<i>HS</i>		<i>08/02/00</i>
<b>O.I.P.E. CLASSIFIER</b>	<i>NY</i>		<i>640-00</i>
<b>FORMALITY REVIEW</b>		<i>72127</i>	<i>9-18 W</i>
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)...	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	
Original	
11	4.
	30.
	04
1	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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